



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>CA No. 04-12655-RWZ</b>	
DEFENDANT <b>\$6,442.00 IN U.S. CURRENCY</b>		TYPE OF PROCESS <b>Complaint and Warrant &amp; Monition</b>	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize <b>J. Thomas Kerner, Esquire</b>		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) <b>J. Thomas Kerner, Esquire, 230 Commercial Street, 1<sup>st</sup> Floor, Boston, MA 02109</b>		
Send NOTICE OF SERVICE copy to Requester:  SHELBEY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Verified Complaint for Forfeiture <u>in Rem</u> , Warrant and Monition and the United States' First Set of Interrogatories upon the above-named Individual by certified mail, return receipt requested. JLJ x3297			
Signature of Attorney or other Originator requesting service on behalf of <i>Sherbey D. Wright</i>		[ X ] Plaintiff [ ] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date Jan 7, 2005
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:  <i>Stephen P. Leonard</i>
Date			
I hereby Certify and Return That I [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[ ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [ ] AM [ ] PM
		Please see Remarks below	
		Signature, Title and Treasury Agency <b>Stephen P. Leonard, Forfeitures Officer</b>	
REMARKS: U.S. Customs and Border Protection Service of the documents referenced above was completed by certified mail, return receipt requested. Copies of certified mail forms for number 7001 2510 0003 4300 1577 are attached, showing mailing on Jan. 20, 2005 and receipt on 1/21/05.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   ☐ FOR CASE FILE   ☐ LEAVE AT PLACE OF SERVICE   ☐ FILE COPY

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee  
 (Endorsement Required)  
 Restricted Delivery Fee  
 (Endorsement Required)  
 Total Postage & Fees \$

JOHN F. KENNEDY 812  
 BOSTON MA 02114  
 JAN 20 2005  
 Postmark  
 02114 USPS

Sent To J. Thomas Kerner, Esquire  
 Street, Apt. No.: 230 Commercial Street  
 or PO Box No.: 1st Floor  
 City, State, ZIP+4 Boston, MA 02109

PS Form 3811, August 2001 See Instructions for PSR 3811, 2001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J. Thomas Kerner, Esquire  
 230 Commercial Street  
 1st Floor  
 Boston, MA 02109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Thomas Kerner ☐ Agent ☒ Addressee

B. Received by (Printed Name) Thomas Kerner C. Date of Delivery 1/21/05

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7001 2510 0003 4300 1577  
 (Transfer from service label)  
 PS Form 3811, August 2001 Domestic Return Receipt